# Iowa Eligibility Application and Verification

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2008-2009 School Year

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### Power Point Availability

Slides will be posted on our website after all sessions are completed



### Highlights of Training

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- Application
- Application approval process
- > Waivers
- Information sharing
- Counting and Claiming
- > ICAVES
- Direct Certification will follow with information regarding natural disasters

### **Application Materials**



### Translated Applications

- If a significant # of children are non-English speaking, translated applications must be made available
- Use the USDA website to obtain translated applications and supporting documents
- > www.fns.usda.gov/cnd

### Translated Applications

If using USDA translated applications, print the English version also.

### Informing Households

- All LEAs must provide households with a letter with the reduced-price income guidelines and a paper application and materials. LEAs may not:
  - Have applications available on a table, within sight of other people, to pick up
  - Require a parent to request an application
  - Ask parents to go to a certain place to apply for benefits
- Materials should be sent out no earlier than four calendar weeks prior to the time students start school.

### Paper-based Application Processing

If the LEA uses paper applications, an application form and instructions must be included with the letter to households.

# Computer or Web-based Application Processing

- ➤ If using this method of processing the letter must inform households how to access the system.
- The letter must also explain how to obtain and submit a paper application.

### Household Applications

- LEAs must allow a household application submitted for all children in that household.
  - Cannot require separate applications by school.
- Cannot require separate applications for households with some children who are categorically eligible and others who are applying based on income.

# Electronic Applications Scanning Paper Applications

- LEAs may accept applications electronically and may provide for electronic signatures.
- LEAs may also scan paper applications submitted.
- NOTE: All software used must meet all USDA requirements such as recognizing and accepting less than whole dollar amounts.

### Year-Round Application Availability

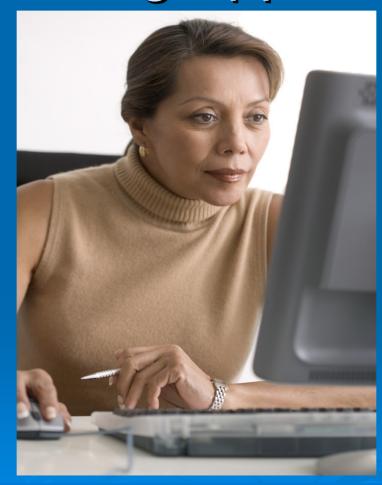
- Households may apply or re-apply at any time of the year.
- Parents may want to report income changes. LEAs should inform them that this is not required. Once approved, their benefits can continue all year.

### **Application Contents**

- LEAs must use the lowa Eligibility Application sent to them.
- Changes to the application must receive prior approval from the Bureau.
- Send changes to Nancy (only changes in content)

### **Processing Applications**

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### Processing Timeframe

- Applications must be processed within 10 working days of their receipt and when possible immediately for children who do not have an application on file from the previous year.
- Same or earlier time frame for Direct Certification. By not taking quick action, LEAs are losing money.

### Carryover of Eligibility

- Based on last year's eligibility
- First 30 <u>operating</u> days of school (may not be shortened)
- Siblings may be added to income apps or apps with Food Assistance #s only if the child's name is on the application and only for 30 days. They may not be added to FIP applications nor the Direct Certification lists
- Carry over starts the 1<sup>st</sup> day of school. If you didn't pull DC lists last year, you will need to pull all lists from last year before school starts
- New eligibility determinations supersede the carryover eligibility

### Complete Applications

- > Food Assistance/FIP Households
  - Name of children
  - Food Assistance/FIP # needed for each child
  - Signature
- > Other households
  - Names of all household members
  - SS # of adult or "none" if applying based on income
  - Current income by household member
  - Signature

- > Foster or Institutionalized Child
  - Name of child
  - Child's personal income (probably will be 0)
  - Signature (foster parent, guardian or head of institution)
- Each foster child should have their own application. They should not be included as part of the foster household.
- O income does not require a temporary approval.

#### **IMPORTANT!!**

- Any application that is missing <u>required</u> information, that contains inconsistent information, or is unclear is considered an incomplete application and cannot be processed!
- Approving incomplete applications will now result in fiscal action.
- The LEA should make an effort to contact the household to obtain or clarify the information.

### Citizenship

# Citizenship is not required to participate in the CNPs



### Determining Eligibility

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### Ways to Determine Eligibility

- Application
  - Categorical
    - Food Assistance
    - FIP
    - Head Start/Even Start
    - Homeless, runaway and migrant
  - Income and Household Size
- Direct Certification

#### For Categorical Eligibility Using Case Numbers

- Be sure the # is valid
  - FIP and FA #s are the same length and usually the same # for clients receiving both.
  - Always 10 characters long and the first character may be a number or letter and the rest are numbers (A00000-00-0 or 000000-00-0-0)
  - Application has boxes for each child. The #s may be the same for every child in the household.
  - Medicaid and Title IX #s do not qualify recipients.

#### 08 Disaster Food Assistance

- One time payments to assist people who have lost food supplies
- Just participating in Disaster Food Assistance does not qualify persons for free meal benefits
- > Format D00000-96-0-0

- If in doubt about a number check with local Food Assistance/FIP officials
- Applications with an invalid case number must not be approved
- Only a case number may be used to determine eligibility

#### DHS Notice of Decision

#### IOWA DEPARTMENT OF HUMAN SERVICES NOTICE OF DECISION

WKR. NO.	
NOTICE DATE GAGE NO.	WORKER NAME
	If you have questions, phone your worker at:
	We will accept collect cells from you if you live outside the local calling area.
If you wish to appeal the denial of eligibilit	y or the amount of benefit, see page 2 for appeal rights.
Your County Department of Human Service may contact lows Legal Aid at 1-800-532- help with an appeal.	cas will assist you in filing an appeal if you ask them. You 1275, or if you live in Polk County 243-1193, if you need
State State Destination State	

The way your income is considered and benefits figured is shown at right. Here is the decision for each month of your application or reinstatement.

FIP/REFUGEE MEDICAL FOOD STAMPS

### NO EBT Cards!



### DHS Tells Families

- ♦ Keep your Iowa EBT card even if your Food Assistance case is canceled. You can keep using your Iowa EBT card as long as you have Food Assistance left in your EBT food account.
- ★ Keep your Iowa EBT card even if you stop getting Food Assistance. You can use your same Iowa EBT card and your same PIN if you are approved for Food Assistance again. You won't have to wait for a new Iowa EBT card to come in the mail. You can use your food account right away after you are approved to get Food Assistance again.

- Eligibility based on income
  - Determine countable income
  - Applications that are missing any required information may not be approved until information is acquired
  - Some information may be obtained over the phone and so noted
  - Applications missing signatures must be returned

### Temporary Approvals

- For zero income, temporary layoffs, strikes, temporary disability
- A maximum of 45 calendar days is recommended for temporary approvals
- The household must reapply or indicate that their income has not changed
- The LEA is responsible to make the contact with the household

## Notification of Eligibility Determination

- Those who are denied must be given written notice with:
  - the reason for the denial
  - the right to appeal
  - instructions on how to appeal
  - a statement that they may reapply at any time

## Changes in Household Circumstances

- Because of year-long eligibility, households are <u>not</u> <u>required</u> to report changes in their situations that reduce benefits
  - Increased income
  - Reduction in number of household members
  - Termination of FIP or Food Assistance benefits
  - Changes in homeless status
- The above are eligible for the whole year and the first 30 days of the next school year.

Note: This does not apply to temporary approvals

### Appeals

- Households may appeal determination decision.
- Benefits must continue during the appeal process.
- Call SA if you need help with the process.

# Completing the Determination Process

- Approved applications
  - Approval date
  - Benefit level
  - Sign application
- Denied applications
  - Denial date
  - Reason for denial
  - Date denial notice was sent
  - Sign application

### Updating Changes

- Note change (transfer, benefit level etc.)
- Write the date of the change
- Implement the change by updating roster or computer information
- Within 10 days if you are going to decrease benefits and within 3 days if you are going to increase benefits

#### Record Retention

- All applications, including denied and inactive must be kept on file for a minimum of three years + current.
- For unresolved audits the papers must be kept until resolved or three years whichever is longer.
- If maintained at a central location, must be retrievable by school.



## Determining Household Size

- Related or unrelated persons living as one economic unit and who share housing and/or significant income and expenses.
- Separate economic units in the same house are characterized by prorating expenses and economic independence from one another.

#### Special Situations

- Adopted child If they have legal responsibility, they are household member.
- Subsidized adoption Be sure to include subsidy in household income.
- Joint custody Greatest benefit level used.
- Foreign Exchange student Member of the host family.

- ➤ Deployed service personnel Members of the armed services who are activated or deployed are counted as household members.
- ➤ Child away at school Member of the household.
- >Foster child Household of one.
- ➤ Child living with relatives or friends Member of the household with whom they reside.

#### Determining Income

- Gross income (before taxes)
  - Current earnings from work
  - Welfare/child support/alimony (FIP and Food Assistance \$ not included)
  - Retirement/disability benefits
  - Any other income



#### Income USDA vs. IRS

- IRS and USDA differ in how income is recognized
- Many deductions allowed by IRS are NOT allowed by USDA
  - Some medical expenses
  - Alimony and child support paid

#### USDA vs. IRS Continued

- USDA includes regular withdrawals from savings in income
- IRS allows carry-over losses from one year to the next
- IRS allows off-sets against wages for business losses

#### Form 1040

Income	7 8a	Wages, salaries, tips, etc. Attach Form(s) W-2	7 8a	
Attach Form(s) W-2 here. Also	b 9a	Tax-exempt interest. Do not include on line 8a	9a	
w-2 nere. Also attach Forms W-2G and	b	Qualified dividends (see page 23)	10	
1099-R if tax was withheld.	10 11	Taxable refunds, credits, or offsets of state and local income taxes (see page 23) Alimony received	11	
	12 13	Business income or (loss). Attach Schedule C or C-EZ	12	
If you did not get a W-2,	ou did not 14 Other gains or (losses). Attach Form 4797			
see page 22.	15a 16a	IRA distributions 15a b Taxable amount (see page 25) Pensions and annuities b Taxable amount (see page 25)	15b 16b	
Enclose, but do	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
not attach, any payment. Also,	18	Farm income or (loss). Attach Schedule F	18	_
please use	19	Unemployment compensation	19	_
Form 1040-V.	20a		20b	_
	21 22	Other income. List type and amount (see page 29)  Add the amounts in the far right column for lines 7 through 21. This is your total income	21 22	

## Income from Wages and Self-Employment

- When there is a business loss, income from wages may not be reduced by the amount of the business loss.
- ➤ If income from self-employment is negative, it should be listed as 0.

Self-Employment Income Worksheet: This worksheet will assist you in calculating the amount to report if you engage in farming, are self employed or have income from other sources.

The least income	possible is zero :	(no income)	ĺ,
***************************************	haaamia ia cara	,,	

Income from private business operations is to be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Use the lines from the 1040 that are identified.

Line 12 - Business income or (loss)	\$
Line 13 - Capitol gain or (loss)	\$
Line 14 - Other gains or (losses)	\$
Line 17 - Rental real estate, royalties, partnerships, S corporations, trusts, etc.	\$
Line 18 - Farm income or (loss)	\$
Total	\$
Total ÷12 =	

Enter amount in the "All Other Income Last Month" column in Part 3 on the front of the lowa Eligibility Application. **The least income possible is zero (no income).** 

#### Current Income

- Current income is based on the most recent information available.
  - Current month
  - Amount projected for the first month the application is made for
  - The month prior to the application
- Project income only in certain circumstances (self-employed, seasonal)

### Income Received at Different Intervals

- No conversion is required if there is only one source of income or if all sources are received in the same pay frequency ie. every two weeks, monthly, etc.
- Conversion is required if there are multiple income sources with more than one pay frequency

#### Conversion Factors

Weekly income x 52
Bi-weekly income (every two weeks) x 26
Semi-weekly income (twice a month) x 24
Monthly income x 12

These factors are on the application

DO NOT CONVERT TO MONTHLY!

#### Important Points About Conversion

- Do not round
- Add all of the unrounded converted values and compare to the Income Eligibility Guidelines for annual income for the household size

#### Income Special Situations

- Military benefits Benefits received in cash are income
- Deployed service members Only the portion made available to the family or on their behalf is income
- Any money received by the household for alimony or child support is income. If paid out, not excluded from income.

- ▶ If the household receives Food Assistance, children qualify for free meals.
- If the child receives FIP benefits they are eligible. (By child, not household)
- If the household submits a paper application but the children are on the Direct Certification list, disregard the paper application.

- All Head Start Enrollees are eligible for free meals (even those not federally funded)
- Even Start Enrollees who attend a federally funded program and are Pre-K are eligible
- Migrant Children
- Cannot be by parent declaration

#### Homeless Children

- > Applications are not required
  - Homeless liaison or shelter director must provide an application or a letter with the following:
    - Name of child
    - Effective date(s)
    - Residence (shelter name)
    - Signature of liaison or director of homeless shelter
- Year long eligibility
- If residing with another family, name can be included on their app so they may appear on two applications

#### Migrant Children

- Applications are not required
- Migrant Education Coordinator may provide an application or a letter with the following:
  - Name of child
  - Effective date(s)
  - Signature of Migrant Education Program Coordinator
- Must be checked every year

## Confidentiality, Disclosure and Waivers

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#### Other Uses of Information

- Information provided by families is to be used only for determining free or reduced eligibility.
- If disclosing eligibility for any other reason, must notify households of this potential disclosure.
- In some cases, must seek permission to disclose the information.

#### What Can I Disclose?

- Children's free and reduced price meal eligibility information to programs, activities and individuals that are specifically authorized access under the NSLA. (See page 53 of the manual for specifics)
- Must notify the household of disclosure so they can deny disclosure

#### Waivers of Confidentiality

- Usually used for fee waivers
- MUST be specific services or activities
  - "cultural activities" or "afterschool activities" are not specific
  - "book fee waiver" is specific
  - Students who are Directly Certified and turn down benefits cannot get waivers for other things

## Information Sharing between CNPs

- One application for all CNPs
- Information about a child's eligibility status may be shared between Child Nutrition Programs
- ➤ If the receiving LEA gets a copy of the application, it must be checked for accuracy and corrected if in error. If they receive a letter or list, they are not responsible for errors.

#### How is information shared?



- Copy of the application
- Confirm benefits of children whose names are on a inquiry list from requesting CNP program

#### What happens if there is an error?

As providing program, you have no requirement to notify a program you provided information to

#### Penalties for Improper Disclosure

Fine of not more than \$1000 or imprisonment of not more than one year or both.





#### Counting and Claiming

- Accurate point of service count must
  - Provide an accurate count of reimbursable meals
  - Provide the category of meals (free, reduced, paid)
  - Be taken daily
  - Not overtly identify those receiving benefits

#### Common Errors

- Not recognizing a reimbursable meal
  - Depends on menu planning system used
- Edit check sheet (available on form download section)
  - Non-computerized system must use form we provided or some type of excel spreadsheet and record daily
  - Computerized system may generate edit checks but district is still responsible for verifying the check

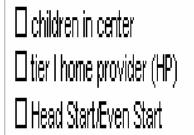
# Iowa Eligibility Application العجاله وعاله والماله والماله

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#### Part 1 of the Application

Part 1. Check all applicable boxes:

l school meals
l special milk (restrictions apply)
I foster child (ONE APPLICATION PER CHILD).



□ children in home child care (HP) Provider name:

#### Part 2 of the Application

	Part 2. Children enrolled. REQUIRED OF ALL APPLICANTS. If applicable, list FIP or Food Assistance Case Numbers.  List name(s) of all enrolled child(ren) in your household. Children's Racial and Ethnic identities are optional. Provide one or more if you choose (see code).									
,	,	1 1 1						<u> </u>	, ,	
Ethnicity: H=Hispanic or Latino, Race: A=Asian, B=Black or African American, I=American Indian or Alaska Nativ N=Non Hispanic or Latino P=Native Hawaiian or other Pacific Islander, W=White, O=Other						'				
Last Name	First Name	Middle Name or Initial	Date of Birth	Grade	OPTIO	RACE AL	Name of School/ Head Start/ Child Care Center	FIP Case Number (1 per child) NOTE: REFER TO NOTICE OF DECISION FOR CASE NUMBER.	Food Assistance Case Number (1 per child) NOTE: REFER TO NOTICE OF DECISION FOR CASE NUMBER.	
1										
2										
3										
4										
5										

#### Part 3 of the Application

D 40 T 4 III										
Report the gross income re	Id Gross Income. DO NOT COMPLETE eceived by EACH household member in the	e corre	et column	r: weekly,	every 2 w	eeks, twic	e a month	or monthly.	Gross incor	
the amount earned befor worksheet on reserve sid	CURRENT Income	e pay.	Keport al	l otner mo	nthly incor	ne receive	:a. Seп-en	npioyed per	sons, see th	8
List the names of <u>everyon</u> 2. Attac	Required for most					ort income Id member	Other Monthly Payments or Income Received.			
	applicants			Gross	Gross	Gross	Gross	Welfare,	Pension,	All other
Last Name	First Name	Age	Check if NO Income	amount received weekly	amount received every 2 weeks	amount received twice a month	amount received monthly	child support, alimony, adoption subsidies	retirement, social security, SSI, VA	income
1										
2										
3										
4										
5										
6										
7										
If Part 3 is completed, the Foster parents completing	r:	equired:	to provide	ity Numbe	r or mark t	the "I do no		Social Secur		

#### Part 3 of the Application

Part 3. Total Household Gross In Report the gross income received by E the amount earned before taxes and of worksheet on reserve side.	ACH household member in the	corre	at columi	n: weekly,	every 2	we	eks, twice	e a month	or monthly.		
List the names of <u>everyone</u> living in your household, including the 2. Attach a separate p							rt income I member		Other Monthly Payments or Income Received.		
Last Name Fi	Income informate required if a number is properties.	FIP	or F	A	ross noun eive reny leek:	t d	Gross amount received twice a month	Gross amount received monthly	Welfare, child support, alimony, adoption subsidies	Pension, retirement, social security, SSI, VA	All other income
1											
2											
3											
4											
5											
6											
7											
My Social Security Number:	the form must also list his or h ion for a foster child are not rec	quired t	o provid	rity Number	or mar	k th	ie "I do no		Social Secur		

#### Part 3 of the Application

Part 3. Total Household Gross Income. DO NOT COMPLETE THIS PART IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 2. Report the gross income received by EACH household member in the correct column: weekly, every 2 weeks, twice a month or monthly. Gross income is the amount earned before taxes and other deductions, not take-home pay. Report all other monthly income received. Self-employed persons, see the worksheet on reserve side.

List the names of <u>everyone</u> living in your household, including the children listed in Part 2. Attach a separate page if more space is needed.							ı	Monthly Payments or come Received.		
ast Name First Name		Aye	7	Gross amount	Age only used to help identify household				Pension, retirement, social security, SSI, VA	All other income
1					m	embe	rs			
2			=							
3										
4										
5										
6										
7										
If Part 3 is completed,	ımber: the adult signing the form must also list his or leting this application for a foster child are not re			rity Numbe	r or mark i	the "I do n		Social Secur		

Security Numbers is voluntary. See Privacy Act Statement in the parent letter.

#### Part 4 of the Application

Part 4. Certification and Signature. F	REQUIRED OF ALL APPLICANTS							
I certify (promise) that all information on this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal/milk benefits, and I may be prosecuted.								
Signature of Adult Completing Form	Printed Name of Adult Completing Form		Date Signed					
Address of Adult Completing Form	Town and ZIP	Work Phone	Home/Cell Phone					

#### Part 5 of the Application

Part 5. DO NOT WRITE BELOW THIS LII	NE. FOR ADMINISTRATIVE USE	ONLY.					
Income conversion factors for annual income: Household Income: \$		ce a month X 24; e Monthly 🔲 M	monthly X 12 onthly 🔲 Annually	Household Size			
• • • • • • • • • • • • • • • • • • • •	Temporary Approval/Farra in Farrain Conversion fac		/ligrant (Schools only) □ Tier 1 Area (CACFP HP only) □ Tier 1 Income (CACFP HP only) □ Tier 1 Eligible (CACFP HP parent)				
		Confirming Of	ficial Signature (School	s only) Date			
Determining Official Signature	Effective Date	Follow-Up Off	icial Signature (Schook	only) Date			

## Application Approval or Denial

- Check the box to indicate the reason for approval or denial
  - Incomplete application
  - Over income guidelines

# Part 5 of the Application

Part 5. DO NOT WRI	TE BELOW	THIS LINE. F	OR ADMINISTRA	TIVE USE (	ONLY.				
Income conversion fact Household Income: \$ _		income: week Weekly	ly X 52; two weeks □ Every 2 Weeks	•		24; monthly : □ Monthly	X 12 ☐ Annually	Household	Size
Application Approved:	□Income	☐ FIP/Food As	sistance/Head Start	□Foster	☐ Homele:	ss/Migrant (Sc	hools only)		
	☐ Temporar	y Approval (zero	o income) expires in •	45 days on _			☐ Tier 1 A	rea (CACFP	HP only)
Eligibility Determination:	: 🗆 Free Meal	s □R <b>ea</b> luce	ed Price Meals 🔲 F	ree Milk			☐ Tier 1 In	icome (CAC	FP HP only)
Application Denied:	□ Incomplete	e 🗆 ver ind	come limits				☐ Tier 1 E	ligible (CAC	FP HP parent)
		,							
					Confirmi	ng Official Sig	nature (Schools	only)	Date
Determining Official Signature			Effective Date		Follow-U	p Official Sign	nature (Schools o	only)	Date

## Eligibility Determination

- > Free
- > Reduced price
- > Free milk

# Part 5 of the Application

Part 5. DO NOT WRITE BELOW	THIS LINE. FOR ADMINISTR	ATIVE USE C	NLY.			
Income conversion factors for annual Household Income: \$	income: weekly X 52; two week □ Weekly □ Every 2 Week	•	•	·	nnually Hou	sehold Size
Application Approved: 🔲 Income	☐ FIP/Food Assistance/Head Sta	rt □ Foster	☐ Homeless/M	igrant (Schools c	nly)	
Eligibility Determination: Free Meal Application Denied: Incomplete					☐ Tier 1 Income	CACFP HP only) e (CACFP HP only) e (CACFP HP parent)
			Confirming 0	fficial Signature	(Schools only	) Date
Determining Official Signature	Effective Date		Follow-Up Of	ficial Signature	(Schools only)	Date

# A Special Note about Temporary Approvals

- > For zero income
- A maximum of 45 calendar days is recommended for temporary approvals
- The household must reapply or indicate that their income has not changed
- The LEA is responsible to make the contact with the household and note conversation on the application
- Push for information list even small amounts they are free for the year and LEA makes no more contact

# Part 5 of the Application

Part 5. DO NOT WRIT	E BELOW	THIS LINE. FO	OR ADMINISTE	RATIVE USE	ONLY.				
Income conversion factor: Household Income: \$			y X 52; two wee □ Every 2 Weel			24; monthly:) □ Monthly	( 12 ☐ Annually	Household	Size
11 11			sistance/Head Sta income) expires i		Homeles	s/Migrant (Scl	r	rea(CACFP	HP only)
Eligibility Determination: [	_ /	s ☐ Reduce	d Price Meals 🛮 🖺					ncome (CACI iligible (CACI	FP HP only) FP HP parent)
					Confirmir	ng Official Sig	nature (Schools	only)	Date
Determining Official Sig	nature		Effective Date	<del></del>	Follow-U	p Official Sign	nature (Schools	only)	Date

## **Determining Official**

- Make sure application is complete
  - Names of all children listed in Part 2
    - If applying on the basis of FIP or FA, a number for each child.
  - All of Part 3 (except age) completed for those applying based on income
  - Signature of adult in Part 4
  - Part 5 completed by Determining Official
  - Official's signature does not have to be on each application if they are bundled and the bundle signed.

## Special Notes

- FSMC may now participate in the approval or verification of applications. (See Guidance)
- Select a verification sampling technique before you approve applications and sort accordingly.

#### hawk-i

#### hawk i Medicaid Information Form

Read this information and sign if you decide you do not want your name released to hawk i or Medicaid.

If your children do not have health insurance, you will be interested to know that many families getting free and reduced price meals can also get free or low-cost health insurance for their children.

The law now requires schools to share your free and reduced price meal eligibility information with Medicaid and **hawk-i**, the State's medical insurance program for children. Specifically, we will give them your child's name and your name and address. Medicaid and **hawk-i** can only use the information to identify children who may be eligible for free or low-cost health insurance and then to contact you. They are not allowed to use the information from your free and reduced meal application for any other purpose.

You are not required to allow us to share information from your children's free and reduced price meal application with Medicaid or the **hawk** i program. It will not affect your children's eligibility for free and reduced price meals. If you do **NOT** want your information shared with Medicaid or **hawk** i, you must tell us by completing the information below at the time you complete your free/reduced application. If you want further information, you may call **hawk** i at 1-800-257-8563.

I DO NOT want school/home sponsor/child care or Head Start center officials to share information from my free and reduced price meal application with Medicaid or **hawk-i**. Also, if you are already receiving Medicaid or **hawk-i**, please sign below. This will avoid another contact.

Child's Name:	School/Child Care/Head Start Center:	_
Child's Name:	School/Child Care/Head Start Center:	_
Child's Name:	School/Child Care/Head Start Center:	_
Parent/Guardian Name (Printed)	SignatureDate	_

#### hawk-i

- Parent or guardian must sign on the back of the application if they do not want their name to be released to *hawk-i* or Medicaid.
- Schools are <u>required to share</u> all names of those who did not sign the form. Optional in the past.
- > Further guidance will be forthcoming.



# ICAVES Iowa Certification and Verification Excel Spreadsheet

### Verification

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# Important Dates – Mark Your Calendar!

- October 1, 2008
  - Verification sample size determined
- November 14, 2008
  - Verification activities completed.
- December 1, 2008
  - Verification Summary Report available on the CNP 2000 system
- January 15, 2009
  - Verification Summary Report completed
- All verification forms are on the Form Download section of the CNP 2000
- Verification training September 3 and 9



# ICAVES Part 2

# What Sampling Technique do I Use?

Pull last year's Verification Summary Report and calculate the non-response rate

- Samples to be selected based on applications on file as of October 1
- > DO NOT INCLUDE CARRYOVERS

#### Verification for Cause

- An application may be verified at any time during the school year <u>after it has been</u> <u>approved</u> (can't delay approval)
- > Questionable information
- Ex: 1 income reported when LEA knows 2 people are working
- Verification done for cause is in addition to the required sample and is not included in the reporting sample.

#### Records

- Maintain all records for three years plus the current
- Do not send any application information or verification paperwork to the DE

#### Web Addresses

- > Bureau website:
- http://www.iowa.gov/educate/
- content/blogcategory/59/904/
- > CNP 2000 website:
  - https://www.edinfo.state.ia.us/
  - CNP/security.asp

# Contact E-Mail addresses and phone numbers

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